

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

French Hill for Arkansas

ADDRESS (number and street)

PO Box 7841

Check if different
than previously
reported. (ACC)

Little Rock

AR

72217

2. FEC IDENTIFICATION NUMBER ▼

C

C00551275

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

AR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 04 / 2014in the
State of

AR

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bryan Jeffrey

Signature of Treasurer

Bryan Jeffrey

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 08 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

French Hill for Arkansas

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 4 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 66827.73 | 937075.61 |
| (b) Total Contribution Refunds (from Line 20(d)) | 250.00 | 250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 66577.73 | 936825.61 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 402362.46 | 558175.50 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 402362.46 | 558175.50 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 378650.11 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 64

Write or Type Committee Name

French Hill for Arkansas

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 4 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

53262.73

856264.60

(ii) Unitemized.....

3565.00

24611.01

(iii) TOTAL of contributions from individuals ▶

56827.73

880875.61

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

10000.00

56200.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

66827.73

937075.61

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

66827.73

937075.61

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 64

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 402362.46 | 558175.50 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 250.00 | 250.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 250.00 | 250.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 402612.46 | 558425.50 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 714434.84 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 66827.73 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 781262.57 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 402612.46 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 378650.11 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
DR. JAMES S. ADAMSON

Mailing Address **3 EVERGREEN COURT**

City State Zip Code
LITTLE ROCK AR 72227-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

04 / 21 / 2014

Transaction ID : **SA11.1298**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. WALLY ALLEN

Mailing Address **2222 BEECHWOOD**

City State Zip Code
LITTLE ROCK AR 72207-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOFF AND ASSOCIATES

Occupation
OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : **SA11.1285**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. MARK D. AUNE

Mailing Address **203 EAST NOLLEY DRIVE**

City State Zip Code
COLLIERVILLE TN 38017-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERITAGE CAPITAL, L.L.C.

Occupation
SENIOR ANALYST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : **SA11.1237**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. FRANK BARRYMailing Address **5 RIVER RIDGE ROAD**

City

LITTLE ROCK

State

AR

Zip Code

72227-1519FEC ID number of contributing
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 29 | | 2014 |

Transaction ID : SA11.1332

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS. SARA BATCHELLERMailing Address **66 SOLOGNE CIRCLE**

City

LITTLE ROCK

State

AR

Zip Code

72223-8914FEC ID number of contributing
federal political committee.**C**

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY AT LAW

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 07 | | 2014 |

Transaction ID : SA11.1233

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. BYRON CAINMailing Address **6320 LBJ FREEWAY**

City

DALLAS

State

TX

Zip Code

75240-6472FEC ID number of contributing
federal political committee.**C**

Name of Employer

HERITAGE TOURS, L.L.C.

Occupation

GROUP TOUR OPERATOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 04 | | 2014 |

Transaction ID : SA11.1214

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**525.00**

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. MIKE CALLAN

Mailing Address P.O. BOX 653

City

CHARLESTON

State

AR

Zip Code

72933-0653

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARKANSAS OKLAHOMA GAS CORP.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN D. CAMP III

Mailing Address 800 SOUTHEAST 6TH STREET

City

FORT LAUDERDALE

State

FL

Zip Code

33301-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAMP CAMP P.A.

Occupation

ATTORNEY AT LAW

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1278

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. LARRY R. CARPENTER

Mailing Address 600 INTERSTATE 30

City

LITTLE ROCK

State

AR

Zip Code

72202-2466

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARPENTER HOTEL GROUP, L.L.C.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 29 | | 2014 |

Transaction ID : SA11.1343

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MS. ROBIN CLEGG**A.**

Mailing Address 3410 SOUTH M STREET

City

FORT SMITH

State

AR

Zip Code

72903-

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2087.73

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1367

Amount of Each Receipt this Period

2087.73

CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE

Full Name (Last, First, Middle Initial)

MR. MERVYN CORLEY**B.**

Mailing Address 408 ABLE DRIVE

City

EL DORADO

State

AR

Zip Code

71730-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORLEY TRUSTOccupation
OIL AND GAS PRODUCER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1257

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. DAVID DAVILA**C.**

Mailing Address 240 BUCKLAND CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAPTIST HEALTHOccupation
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1334

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2837.73

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

DR. JOHN D. DAY

Mailing Address 5101 COUNTRY CLUB BLVD.

City

LITTLE ROCK

State

AR

Zip Code

72207-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.A.M.S.

Occupation

NEUROSURGEON

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1288

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. TODD A. DENTON

Mailing Address 6 RIDGEVIEW DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72227-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRICS PLUS THERAPY SERVICES

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1280

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOE ESTES

Mailing Address 3540 TUXEDO ROAD

City

ATLANTA

State

GA

Zip Code

30305-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAYMOND JAMES FINANCIAL

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Transaction ID : SA11.1208

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
MR. CURTIS O. FERGUSON

Mailing Address **624 RIVER STREET**

City State Zip Code
BENTON AR 72015-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERGUSON FURNITURE COMPANY

Occupation
BUSINESS MANAGER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

04 / 30 / 2014

Transaction ID : SA11.1336

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

IN-KIND CONTRIBUTION - ADVERTISING
 BILLBOARD DISPLAY

Full Name (Last, First, Middle Initial)
DR. TERRY FIDDLER

Mailing Address **3010 COLLINS DRIVE**

City State Zip Code
CONWAY AR 72034-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIDDLER AND FULMER DENTISTRY

Occupation
DENTIST

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11.1217

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
DR. TERRY FIDDLER

Mailing Address **3010 COLLINS DRIVE**

City State Zip Code
CONWAY AR 72034-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIDDLER AND FULMER DENTISTRY

Occupation
DENTIST

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

04 / 30 / 2014

Transaction ID : SA11.1347

Amount of Each Receipt this Period

750.00

CONTRIBUTION

IN KIND CONTRIBUTION - FOOD AND BEVERAGES

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. FRANK FLETCHER

Mailing Address 808 SILVERWOOD TRAIL

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLETCHER AUTO GROUP

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1325

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. PETER FLOOD

Mailing Address P.O. BOX 229

City

SUN VALLEY

State

ID

Zip Code

83353-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 01 | | 2014 |

Transaction ID : SA11.1209

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JEFFERY GARDNER

Mailing Address 4100 RODNEY PARHAM

City

LITTLE ROCK

State

AR

Zip Code

72212-

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINDSTREAM COMMUNICATIONS

Occupation

C.E.O.

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1338

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. GORDON GONDEK

Mailing Address 1215 REBSAMEN PARK ROAD

City

LITTLE ROCK

State

AR

Zip Code

72202-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

R-G JOINT VENTURE, L.L.C.

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1328

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN HALEY

Mailing Address 5 STEPHENS PLAZA

City

LITTLE ROCK

State

AR

Zip Code

72201-

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIRCUMFERENCE GROUP

Occupation

INVESTMENTS

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 21 | | 2014 |

Transaction ID : SA11.1295

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. BILL HANNAH

Mailing Address 1510 WILLOW CREEK CV

City

CONWAY

State

AR

Zip Code

72034-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

NABHOLZ CONSTRUCTION

Occupation

CHAIRMAN OF THE BOARD

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 08 | | 2014 |

Transaction ID : SA11.1242

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for ArkansasA. Full Name (Last, First, Middle Initial)
MR. WILLIAM A. HARRISONMailing Address **1501 WESTPART DRIVE
SUITE 9**

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72204-2457 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRISON ENERGY PARTNERSOccupation
EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1340

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL HARTMailing Address **73 VALLEY CLUB CIRCLE**

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72212-3445 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCLARTY COMPANYOccupation
FINANCE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1326

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY R. HATHAWAYMailing Address **1901 NORTH SPRUCE**

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207-4717 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.B.C. HATHAWAY GROUPOccupation
REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. BRAD HEGEMAN

Mailing Address 930 WAKEFIELD DRIVE

City State Zip Code
CONWAY AR 72032-8869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NABHOLZ CONSTURCTION SERVICESOccupation
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 04 | | 2014 |

Transaction ID : SA11.1224

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JON JACOBY

Mailing Address P.O. BOX 3417

City State Zip Code
LITTLE ROCK AR 72203-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHENS GROUP, L.L.C.Occupation
INVESTMENT BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1327

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD K. JAMES

Mailing Address 211 NORTH WASHINGTON AVE.
SUITE 200

City State Zip Code
EL DORADO AR 71730-5662

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1258

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for ArkansasFull Name (Last, First, Middle Initial)
MR. JEROME F. KINNEY IVMailing Address **P.O. BOX 415**

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| OXFORD | MD | 21654-0415 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
OXFORD CONSULTING L.L.C.Occupation
OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. HENRY C. KINSLOWMailing Address **139 WOODLAND DRIVE**

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| EL DORADO | AR | 71730-3125 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
KINSLOW HENRY C.Occupation
ATTORNEY AT LAW

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1253

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
MR. JAMES LANGLEYMailing Address **BOX H**

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| SMACKOVER | AR | 71762- |

FEC ID number of contributing
federal political committee.**C**Name of Employer
SMACKOVER MOTORSOccupation
CAR DEALER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 11 | | 2014 |

Transaction ID : SA11.1264

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JERRY LANGLEY

Mailing Address **P.O BOX 113**

| | | |
|--------------------------|--------------------|-------------------------------|
| City SMACKOVER | State AR | Zip Code 71762-0113 |
|--------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|----------------------------|
| Name of Employer JERRY LANGLEY OIL COMPANY, L.L.C. | Occupation OWNER |
|--|----------------------------|

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 10 / 2014 |

Transaction ID : SA11.1256

Amount of Each Receipt this Period

| |
|---------------|
| 500.00 |
|---------------|

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK LARRISON

Mailing Address **4701 WESTCHESTER DRIVE**

| | | |
|----------------------------|--------------------|-------------------------------|
| City LITTLE ROCK | State AR | Zip Code 72223-4371 |
|----------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer LARRISON AND COMPANY | Occupation REAL ESTATE APPRAISER |
|---|--|

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Transaction ID : SA11.1281

Amount of Each Receipt this Period

| |
|---------------|
| 250.00 |
|---------------|

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARL E. LINDSEY JR.

Mailing Address **64 COUNTRY CLUB CIRCLE**

| | | |
|-----------------------|--------------------|-------------------------------|
| City SEARCY | State AR | Zip Code 72143-8904 |
|-----------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------------------------|------------------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|------------------------------------|------------------------------|

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 07 / 2014 |

Transaction ID : SA11.1235

Amount of Each Receipt this Period

| |
|----------------|
| 1000.00 |
|----------------|

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

| |
|----------------|
| 1750.00 |
|----------------|

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SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. CHRIS LONG

Mailing Address 4483 TUCKAHOE ROAD

City

MEMPHIS

State

TN

Zip Code

38117-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 06 | | 2014 |

Transaction ID : SA11.1229

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. STEVE LOPATAMailing Address 13000 RIVERCREST DRIVE
TOWER HOUSE

City

LITTLE ROCK

State

AR

Zip Code

72212-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1287

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. FRANK LYON JR.

Mailing Address P.O. BOX 5308

City

NORTH LITTLE ROCK

State

AR

Zip Code

72119-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 21 | | 2014 |

Transaction ID : SA11.1304

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. DAVID MARTIN

Mailing Address 44 VALLEY CLUB CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72212-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARTIN-WILBOURN PARTNERS, L.L.C.

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1339

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ROY MARTIN

Mailing Address 2191 BLACKBERRY DRIVE

City

CONWAY

State

AR

Zip Code

72034-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 04 | | 2014 |

Transaction ID : SA11.1221

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. EDDIE MCNUTT

Mailing Address 2635 GLOHAVEN DRIVE

City

CONWAY

State

AR

Zip Code

72034-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LANDLORD

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1263

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. JOHN R. MEYERS

Mailing Address 2000 CARLETON PLACE

City

FORT SMITH

State

AR

Zip Code

72908-0982

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1312

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN MONROE

Mailing Address 53 TALLYHO LANE

City

LITTLE ROCK

State

AR

Zip Code

72227-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIMMONS FIRST NATIONAL BANK

Occupation

BANKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 07 | | 2014 |

Transaction ID : SA11.1232

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. CHARLES NABHOLZ

Mailing Address 4630 SAWGRASS COVE

City

CONWAY

State

AR

Zip Code

72034-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE NABHOLZ GROUP, INC.

Occupation

CHAIRMAN EMERITUS

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 04 | | 2014 |

Transaction ID : SA11.1218

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

DR. LARRY NAFEMailing Address **8611 BARRETT ROAD**

City

ROLAND

State

AR

Zip Code

72135-9779FEC ID number of contributing
federal political committee.**C**

Name of Employer

HILLCREST ANIMAL HOSPITAL

Occupation

VETERINARIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 21 | | 2014 |

Transaction ID : SA11.1301

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ROBERT NOLANMailing Address **200 NORTH JEFFERSON AVE.**
SUITE 308

City

EL DORADO

State

AR

Zip Code

71730-5853FEC ID number of contributing
federal political committee.**C**

Name of Employer

MURPHY NOLAN COMPANY

Occupation

OIL AND GAS PRODUCTION EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 16 | | 2014 |

Transaction ID : SA11.1290

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. BERNARD T. NUGENTMailing Address **64 RESPLANDOR WAY**

City

HOT SPRINGS

State

AR

Zip Code

71909-7717FEC ID number of contributing
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 14 | | 2014 |

Transaction ID : SA11.1289

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**3900.00****TOTAL** This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. TINA PHILLIPS

Mailing Address **3045 NORTH WYATT DRIVE**

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| EL DORADO | AR | 71730-4189 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / **10** / **2014**

Transaction ID : **SA11.1259**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WAYNE PHILLIPS

Mailing Address **9514 KINGSWALK**

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72908-9264 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTPHAL GROUP

Occupation
CHIEF INVESTMENT OFFICER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / **23** / **2014**

Transaction ID : **SA11.1318**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILLIP PLUNKETT

Mailing Address **9109 CANOPY OAKS DRIVE**

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72903-6665 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
R.P.I., CROW-BURLINGAME AND PARTS WA

Occupation
SALES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

04 / **23** / **2014**

Transaction ID : **SA11.1316**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

| | | | | | | | | | | | | | |
|---|--|---|---|---------|---|-----|---|---------|----|--|----|--|------|
| A. Full Name (Last, First, Middle Initial) MR. PETE PRICE | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 04 | | 21 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 04 | | 21 | | 2014 | | | | | | | | | |
| Mailing Address 12 CHENAL CIRCLE | | Transaction ID : SA11.1297 | | | | | | | | | | | |
| City LITTLE ROCK | State AR | Zip Code 72223-9566 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table> | | | | | | 500.00 | | | | | |
| | | | | 500.00 | | | | | | | | | |
| Name of Employer RETIRED | Occupation RETIRED | | | | | | | | | | | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table> | | | | | | | 500.00 | | | | | |
| | | | | 500.00 | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) MS. EVELYN RAND | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 04 | | 04 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 04 | | 04 | | 2014 | | | | | | | | | |
| Mailing Address 2 RIVERBEND CIRCLE | | Transaction ID : SA11.1222 | | | | | | | | | | | |
| City LITTLE ROCK | State AR | Zip Code 72202-1423 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> | | | | | | 250.00 | | | | | |
| | | | | 250.00 | | | | | | | | | |
| Name of Employer RETIRED | Occupation RETIRED | | | | | | | | | | | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> | | | | | | | 250.00 | | | | | |
| | | | | 250.00 | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) MR. ALLAN ROBERTS | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 04 | | 28 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 04 | | 28 | | 2014 | | | | | | | | | |
| Mailing Address 1215 REBSAMEN PARK ROAD | | Transaction ID : SA11.1329 | | | | | | | | | | | |
| City LITTLE ROCK | State AR | Zip Code 72202-1819 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> | | | | | | 250.00 | | | | | |
| | | | | 250.00 | | | | | | | | | |
| Name of Employer R-G JOINT VENTURE, L.L.C. | Occupation OWNER | | | | | | | | | | | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> | | | | | | | 250.00 | | | | | |
| | | | | 250.00 | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional)..... | | <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table> | | | | | | 1000.00 | | | | | |
| | | | | 1000.00 | | | | | | | | | |
| TOTAL This Period (last page this line number only)..... | | <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARK B. RUMSEY
Mailing Address **4700 SOUTH 96TH STREET**

City State Zip Code
FORT SMITH AR 72903-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
ZERO MOUNTAIN INC.

Occupation
C.E.O. AND PRESIDENT

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

04 / 23 / 2014

Transaction ID : SA11.1308

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JUSTIN SEWELL
Mailing Address **3400 JUNCTION CITY HIGHWAY**

City State Zip Code
EL DORADO AR 71730-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEWELL OIL & GAS

Occupation
OWNER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2350.00

Date of Receipt

04 / 10 / 2014

Transaction ID : SA11.1252

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JUSTIN SEWELL
Mailing Address **3400 JUNCTION CITY HIGHWAY**

City State Zip Code
EL DORADO AR 71730-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEWELL OIL & GAS

Occupation
OWNER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2350.00

Date of Receipt

04 / 30 / 2014

Transaction ID : SA11.1337

Amount of Each Receipt this Period

350.00

CONTRIBUTION

IN-KIND CONTRIBUTION - FUNDRAISING FOOD &
BEVERAGES FOR MAGNOLIA FUNDRAISER

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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 NAME OF COMMITTEE (In Full)
French Hill for Arkansas

 Full Name (Last, First, Middle Initial)
A. MRS. KRISTI SEWELL

Mailing Address 400 SUNNYBROOK

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| EL DORADO | AR | 71730-8597 |

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1262

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)
B. MR. BARRY L. SIMON

Mailing Address 11823 FAIRWAY DRIVE

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72212-3422 |

FEC ID number of contributing federal political committee.

C

Name of Employer
DATAMAX, INC.Occupation
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1335

Amount of Each Receipt this Period

250.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)
C. MR. BARRY L. SIMON

Mailing Address 11823 FAIRWAY DRIVE

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72212-3422 |

FEC ID number of contributing federal political committee.

C

Name of Employer
DATAMAX, INC.Occupation
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1341

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. TOM J. SMALL

Mailing Address 4701 HILLCREST AVE.

City

LITTLE ROCK

State

AR

Zip Code

72205-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
P.D.C. COMPANIESOccupation
REAL ESTATE BROKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 03 | | 2014 |

Transaction ID : SA11.1215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ROBERT D. SMITH

Mailing Address 4805 CRESTWOOD DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72207-5437

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROBERT D. SMITH, IIIOccupation
ATTORNEY AT LAW

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 21 | | 2014 |

Transaction ID : SA11.1293

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JEFF STANDRIDGE

Mailing Address 3265 CHRYSLER COVE

City

CONWAY

State

AR

Zip Code

72034-7289

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACXIOM CORPORATIONOccupation
VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 04 | | 2014 |

Transaction ID : SA11.1225

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CROSBY A. STONE
 Mailing Address 1013 SAWMILL ROAD

City State Zip Code
 CROSSVILLE TN 38555-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TAP PUBLISHING COMPANY

Occupation
 C.E.O.

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 04 07 2014

Transaction ID : SA11.1238

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH W. STORY
 Mailing Address 7416 BECK ROAD

City State Zip Code
 LITTLE ROCK AR 72223-9713

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 21 2014

Transaction ID : SA11.1302

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DARRELL STOVALL
 Mailing Address 901 SOUTH 25TH STREET

City State Zip Code
 FORT SMITH AR 72901-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PETRA ENERGY L.L.C.

Occupation
 PETROLEUM ENGINEER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 23 2014

Transaction ID : SA11.1310

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MR. BRIAN STRICKLAND

Mailing Address 300 EAST 3RD
 #1007

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72201-1672 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GILEAD SCIENCES

Occupation
 SALES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 21 | | 2014 |

Transaction ID : SA11.1305

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ROBERT P. TAYLOR

Mailing Address 4801 NORTH HILLS BLVD.
 APT. 702

| | | |
|-------------------|-------|------------|
| City | State | Zip Code |
| NORTH LITTLE ROCK | AR | 72116-7566 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Transaction ID : SA11.1330

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DON TRAYLOR

Mailing Address 205 WEST 15TH STREET

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| SMACKOVER | AR | 71762-2204 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF EMPLOYED

Occupation
 OIL PRODUCER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2014 |

Transaction ID : SA11.1260

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. KATHERINE A. TROTTER

Mailing Address **5 LONGFELLOW LANE**

| | | |
|--------------------|-----------|-------------------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207-3749 |

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 14 / 2014

Transaction ID : **SA11.1286**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. VIRGINIA UEBERROTH

Mailing Address **P.O. BOX 100**

| | | |
|---------------------|-----------|-------------------|
| City | State | Zip Code |
| LAGUNA BEACH | CA | 92652-0100 |

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
COMMUNITY VOLUNTEER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 21 / 2014

Transaction ID : **SA11.1296**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM S. WALKER

Mailing Address **21 RIVERLYN DRIVE**

| | | |
|-------------------|-----------|-------------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72903-2828 |

FEC ID number of contributing federal political committee.

C

Name of Employer
STEPHENS PRODUCTION COMPANY

Occupation
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : **SA11.1321**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. BENNIE WESTPHAL

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WESTPHAL GROUP

Occupation
 OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1307

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BENNIE WESTPHAL

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WESTPHAL GROUP

Occupation
 OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1365

Amount of Each Receipt this Period

1600.00

CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE

C. Full Name (Last, First, Middle Initial)
MRS. BETSY J. WESTPHAL

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HOMEMAKER

Occupation
 HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

MRS. LANDY WESTPHAL

Mailing Address 109 NORTH 6TH STREET

City

FORT SMITH

State

AR

Zip Code

72901-

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 30 | | 2014 |

Transaction ID : SA11.1426

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE

Full Name (Last, First, Middle Initial)

MR. RANDY WILBOURNMailing Address 100 MORGAN KEEGAN DRIVE
SUITE 305

City

LITTLE ROCK

State

AR

Zip Code

72202-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARTIN-WILBOURN PARTNERSOccupation
CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 07 | | 2014 |

Transaction ID : SA11.1236

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ROBERT A. YOUNG III

Mailing Address 2414 HENDRICKS BLVD.

City

FORT SMITH

State

AR

Zip Code

72903-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 23 | | 2014 |

Transaction ID : SA11.1314

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

53262.73

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 64

| | | | | |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas**A.** Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS

Mailing Address P.O. BOX 823047

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| DALLAS | TX | 75382-3047 |

FEC ID number of contributing
federal political committee.**C** C00303305

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 07 | | 2014 |

Transaction ID : SA11.1239

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| RESTON | VA | 20190-5803 |

FEC ID number of contributing
federal political committee.**C** C00404392

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 29 | | 2014 |

Transaction ID : SA11.1342

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 2485

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| SPRINGFIELD | VA | 22152-0485 |

FEC ID number of contributing
federal political committee.**C** C00467431

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 29 | | 2014 |

Transaction ID : SA11.1344

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 64

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
GOP GENERATION Y FUND

Mailing Address P.O. BOX 9055

City State Zip Code
PEORIA IL 61612-9055

FEC ID number of contributing
federal political committee.

C C00448191

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
04 29 2014

Transaction ID : SA11.1345

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

10000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. MARY ASHLEIGH BIERBAUMMailing Address 2010 REBSAMEN PARK ROAD
#110

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 15 | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

Transaction ID : SB17.I330

B. MARY ASHLEIGH BIERBAUMMailing Address 2010 REBSAMEN PARK ROAD
#110

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 30 | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

Transaction ID : SB17.I331

C. MS. ROBIN CLEGG

Mailing Address 3410 SOUTH M STREET

City FORT SMITH State AR Zip Code 72903-

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 30 | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2087.73 |
|---------|

Transaction ID : SB17.I367

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4587.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. CATHERINE L LANIER

Mailing Address 3901 FOXCROFT ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72227 |

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

Transaction ID : SB17.I329

B. MR. JUSTIN SEWELL

Mailing Address 3400 JUNCTION CITY HIGHWAY

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| EL DORADO | AR | 71730-8308 |

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 350.00 |
|--------|

Transaction ID : SB17.I337

IN-KIND CONTRIBUTION - FUNDRAISING FOOD &
BEVERAGES FOR MAGNOLIA FUNDRAISER**C. JACK E SISSON**

Mailing Address 49 HICKORY HILLS DRIVE

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72217 |

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 15 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.I332

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. JACK E SISSON

Mailing Address 49 HICKORY HILLS DRIVE

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72217 |

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.I333

B. MR. BENNIE WESTPHAL

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1600.00 |
|---------|

Transaction ID : SB17.1365

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE**C. MRS. BETSY J. WESTPHAL**

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

Transaction ID : SB17.1364

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. MRS. LANDY WESTPHAL

Mailing Address 109 NORTH 6TH STREET

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| FORT SMITH | AR | 72901-2103 |

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 30 / 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2600.00 |
|---------|

Transaction ID : SB17.1366

IN-KIND CONTRIBUTION - FOOD, BEVERAGES,
SERVICE AND ROOM CHARGE**B. ADVANCE PRINT SOLUTIONS**Mailing Address 4201 S. SHACKLEFORD
SUITE C

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72204 |

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 16 / 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1908.13 |
|---------|

Transaction ID : SB17.I371

C. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| NEW YORK | NY | 10285 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 01 / 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 7.95 |
|------|

Transaction ID : SB17.I313

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4516.08

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 01 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 69.15 |
|-------|

Transaction ID : SB17.I336

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 04 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.05 |
|-------|

Transaction ID : SB17.I337

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 06 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 39.30 |
|-------|

Transaction ID : SB17.I338

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-------|
| 69.15 |
|-------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 07 | 2014 |

Amount of Each Disbursement this Period

| | |
|-------|-------|
| 50.00 | 10.05 |
|-------|-------|

Transaction ID : SB17.I339

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 07 | 2014 |

Amount of Each Disbursement this Period

| | |
|-------|------|
| 50.00 | 1.27 |
|-------|------|

Transaction ID : SB17.I340

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 07 | 2014 |

Amount of Each Disbursement this Period

| | |
|-------|-------|
| 50.00 | 39.30 |
|-------|-------|

Transaction ID : SB17.I341

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| | |
|-------|-------|
| 50.00 | 50.62 |
|-------|-------|

| | |
|-------|--|
| 50.00 | |
|-------|--|

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 08 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I342

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 08 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I343

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 09 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 2.25 |
|------|

Transaction ID : SB17.I344

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10.65

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I345

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.05 |
|-------|

Transaction ID : SB17.I346

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I347

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-------|
| 18.45 |
|-------|

| |
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| |
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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 14 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.05 |
|-------|

Transaction ID : SB17.I348

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 14 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.05 |
|-------|

Transaction ID : SB17.I349

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 16 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 1.27 |
|------|

Transaction ID : SB17.I350

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21.37

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 27 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I357

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 29 | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 1.27 |
|------|

Transaction ID : SB17.I358

C. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 30 | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 39.30 |
|-------|

Transaction ID : SB17.I359

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-------|
| 44.77 |
|-------|

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| |
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 8.10 |
|------|

Transaction ID : SB17.I360

B. ANEDOT, INC.Mailing Address THIRD STREET
SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 4.20 |
|------|

Transaction ID : SB17.I408

C. CAMPAIGN MAIL & DATA, INC. DBA CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 29 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 798.00 |
|--------|

Transaction ID : SB17.I323

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

810.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. CANON SOLUTIONS AMERICA, INC.

Mailing Address 721 WEST 9TH STREET

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72201 |

Purpose of Disbursement
EQUIPMENT RENTAL - PRINTER

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 24 / 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 81.75 |
|-------|

Transaction ID : SB17.I377

B. CENTRAL ARKANSAS YOUNG REPUBLICANS

Mailing Address 1201 W. 6TH STREET

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72205 |

Purpose of Disbursement
DEBATE FEES

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 15 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 240.00 |
|--------|

Transaction ID : SB17.I373

C. COMCAST

Mailing Address 1701 JOHN F KENNEDY BOULEVARD

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| PHILADELPHIA | PA | 19103 |

Purpose of Disbursement
INTERNET SERVICE

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 16 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 212.64 |
|--------|

Transaction ID : SB17.I369

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

534.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. CRESTVIEW PROPERTIES, INC.Mailing Address 3700 KAVANAUGH BLVD.
SUITE A

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement
RENT EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 16 | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1200.00 |
|---------|

Transaction ID : SB17.I370

B. FACEBOOK ADVERTISING

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 14 | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 676.25 |
|--------|

Transaction ID : SB17.I404

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. FAMILY COUNCIL**Mailing Address 414 SOUTH PULASKI STREET
SUITE 2

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
CONTRIBUTOR LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 24 | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Transaction ID : SB17.I378

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1400.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 02 / 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 11.90 |
|-------|

Transaction ID : SB17.I315

B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 02 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 154.75 |
|--------|

Transaction ID : SB17.I316

C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 04 / 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 1.04 |
|------|

Transaction ID : SB17.I317

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

167.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 04 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 1.10 |
|------|

Transaction ID : SB17.I318

B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 04 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 76.05 |
|-------|

Transaction ID : SB17.I319

C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC

Mailing Address 6200 S. QUEBEC STREET

| | | |
|-------------------|-------|----------|
| City | State | Zip Code |
| GREENWOOD VILLAGE | CO | 80111 |

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 28 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 0.03 |
|------|

Transaction ID : SB17.I320

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

77.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. GOOGLE ADS

Mailing Address 1600 AMPHITHEATRE PARKWAY

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| MOUNTAIN VIEW | CA | 94043 |

Purpose of Disbursement
ADVERTISING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 86.27 |
|-------|

Transaction ID : SB17.I407

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**B. IMAGE MATTERS**

Mailing Address 1100 W. MARKHAM STREET

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72201 |

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 487.50 |
|--------|

Transaction ID : SB17.I391

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. IMPACT MANAGEMENT**Mailing Address 124 WEST CAPITOL AVE
SUITE 1886

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72201 |

Purpose of Disbursement
DIRECT MAIL AND RESEARCH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 10 / 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 9346.76 |
|---------|

Transaction ID : SB17.I365

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9346.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. IMPACT MANAGEMENTMailing Address 124 WEST CAPITOL AVE
SUITE 1886

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
DIRECT MAIL AND RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|----------|
| 19614.97 |
|----------|

Transaction ID : SB17.I382

B. JAI LAMBERT

Mailing Address 9 CONNELL DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement
GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 02 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1800.00 |
|---------|

Transaction ID : SB17.I192

C. MITCHELL WILLIAMS LAW

Mailing Address 425 WEST CAPITOL AVE.

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
CONSULTANTS - LEGAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 15 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3586.80 |
|---------|

Transaction ID : SB17.I372

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25001.77

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT, INC.

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 35.75 |
|-------|

Transaction ID : SB17.I392

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**B. OFFICE DEPOT, INC.**

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 1.67 |
|------|

Transaction ID : SB17.I393

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. OFFICE DEPOT, INC.**

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 33.02 |
|-------|

Transaction ID : SB17.I397

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT, INC.

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 15.70 |
|-------|

Transaction ID : SB17.I402

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**B. OFFICE DEPOT, INC.**

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 32.14 |
|-------|

Transaction ID : SB17.I403

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. OFFICE DEPOT, INC.**

Mailing Address 2600 CANTRELL ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72202 |

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 17.93 |
|-------|

Transaction ID : SB17.I405

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address 911 PANORAMA TRAIL SOUTH

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ROCHESTER | NY | 14625 |

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 15 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 530.76 |
|--------|

Transaction ID : SB17.I324

B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address 911 PANORAMA TRAIL SOUTH

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ROCHESTER | NY | 14625 |

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 15 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 73.00 |
|-------|

Transaction ID : SB17.I325

C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address 911 PANORAMA TRAIL SOUTH

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ROCHESTER | NY | 14625 |

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 470.76 |
|--------|

Transaction ID : SB17.I326

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1074.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address 911 PANORAMA TRAIL SOUTH

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ROCHESTER | NY | 14625 |

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 62.00 |
|-------|

Transaction ID : SB17.I327

B. PCS MARKETING GROUP, L.L.C.

Mailing Address 2534 COMMERCE BLVD.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| CINCINNATI | OH | 45241 |

Purpose of Disbursement
MARKETING EXPENSE - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 7396.87 |
|---------|

Transaction ID : SB17.I186

C. RED RIGHT STRATEGIES

Mailing Address P.O. BOX 600254

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| DALLAS | TX | 75360 |

Purpose of Disbursement
CONSULTANTS - DIGITAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 23 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2532.85 |
|---------|

Transaction ID : SB17.I376

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9991.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. SECURITY BANKCARD

Mailing Address P.O. BOX 22116

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| TULSA | OK | 74121 |

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMOS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 16 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2645.05 |
|---------|

Transaction ID : SB17.I367

B. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94109 |

Purpose of Disbursement
MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 9800.00 |
|---------|

Transaction ID : SB17.I361

C. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94109 |

Purpose of Disbursement
POLLING RESEARCH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 6250.00 |
|---------|

Transaction ID : SB17.I362

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18695.05

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
POLLING RESEARCH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 02 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.I363

B. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
POLLING RESEARCH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 02 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 298.00 |
|--------|

Transaction ID : SB17.I364

C. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 24 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 4591.20 |
|---------|

Transaction ID : SB17.I380

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7389.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|-----------|
| 305750.00 |
|-----------|

Transaction ID : SB17.I383

B. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 16 | | 2014 |

Amount of Each Disbursement this Period

| |
|-----------|
| 130000.00 |
|-----------|

Transaction ID : SB17.I385

C. THE WICKERS GROUPMailing Address 1819 POLK STREET
#373City State Zip Code
SAN FRANCISCO CA 94109Purpose of Disbursement
MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 03 | | 2014 |

Amount of Each Disbursement this Period

| |
|----------|
| 50000.00 |
|----------|

Transaction ID : SB17.I387

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-----------|
| 305750.00 |
| |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICE

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 245.00 |
|--------|

Transaction ID : SB17.I390

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**B. US POSTAL SERVICE**

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 245.00 |
|--------|

Transaction ID : SB17.I394

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. US POSTAL SERVICE**

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| | Senate | |
| | President | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 14 / 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 5.41 |
|------|

Transaction ID : SB17.I395

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICE

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 294.00 |
|--------|

Transaction ID : SB17.I399

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**B. US POSTAL SERVICE**

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 5.80 |
|------|

Transaction ID : SB17.I400

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**C. US POSTAL SERVICE**

Mailing Address 5420 KAVANAUGH BOULEVARD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LITTLE ROCK | AR | 72207 |

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 14 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 149.66 |
|--------|

Transaction ID : SB17.I406

[MEMO ITEM]ITEMIZED CREDIT CARD DISBURSEMENT
04/14/2014**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|------|
| 0.00 |
|------|

| |
|-----------|
| 401977.46 |
|-----------|

